APPLICATION TO RECERTIFY FROM ASSISTANT ELECTION ADMINISTRATOR TO CERTIFIED ELECTION ADMINISTRATOR

Name		Title Beginning Elections Service Date	
	irements: Refer to WAC 434-260-220 t	thru 350 for rules pertaining to the certification of election	
(1)	Attended Secretary of State Orientation Workshop DATE		
(2)	2) Experience as an elections administrator or a deputy administrator		
	YEARS (a) Auditor	, Elections Supervisor, Director, or Manager	
	YEARS (b) Other E	Elections Position	
(3)	Passed Written Certification Exam DATE		
(4)	Obtained certification as Assistant Election Administrator Date		
(5)	Additional 20 hours for conferences or workshops by organizations listed below. (If additional space is needed, please attach a separate sheet.)		
HOUI	<u>RS</u>		
	(a) Washington State Associ	iation of County Auditors (WSACA) NOTE: List the Annual Election ence here!	
	(b) Secretary of State		
	(c) The Elections Center		
	(d) Visiting other county elec	ction departments for training and/or orientation (maximum 4 hours)	
	(e) The Election Assistance Commission (EAC)		
		ons related to elections or government administration, approved by on and Certification Board (attach listing)	
	(g) Other conferences or co Board (attach listing)	ourses approved by the Elections Administration and Certification	
	TOTAL HOURS		

(6) Education				
High School Diploma/Equivalent	O Yes O No			
Signature of Applicant		Date		
Signature of County Auditor or Other Approving Authority attesting to the accuracy of the information provided on this application.				
Name (Please Print)		ile Date		

Send this completed application to:

Kay Ramsay, Election Program Specialist, Election Certification and Training Program P.O. Box 40232, Olympia, WA 98504-0232

To expedite the processing of your application, you may also fax it to: 360.664.4619 or Email; kramsay@secstate.wa.gov

The signed original application must be received to complete the certification.